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**\*\* CONTINUING DATA \*\*** *N/A* *GB*

**\*\* FOREIGN APPLICATIONS \*\*** *NA* *GB*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 07/27/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FINLAND  <b>SHEETS DRAWING</b> 12  <b>TOTAL CLAIMS</b> 101  <b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	

**ADDRESS**  
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551 Fifth Avenue, Suite 1210  
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**TITLE**  
Portable shopping assistant

<b>FILING FEE RECEIVED</b> 2458	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit